

NOAA 56-60 (6-03)		NOAA DIVING MEDICAL EVALUATION REPORT			
NOTE: COMMISSIONED OFFICERS AND WAGE MARINE EMPLOYEES <u>MAY NOT USE THIS FORM</u> , <u>MUST</u> use forms SF-88 & SF-93 and <u>MUST</u> follow NMAO medical exam guidelines <u>IN ADDITION TO</u> NDC guidelines. Contact NMAO Health Services about required testing for initial and periodic physicals.					
1. NAME (Last, First M.I.)		2. SOCIAL SECURITY NUMBER		3. DATE OF EXAM	
4. MEASUREMENTS AND OTHER FINDINGS					
5. HEIGHT	7. BLOOD PRESSURE /	8. DISTANT VISION		9. NEAR VISION	
6. WEIGHT		RIGHT 20/	CORR. TO 20/	20/	CORR. TO 20/
		LEFT 20/	CORR. TO 20/	20/	CORR. TO 20/
10. CLINICAL EVALUATION					
NOR MAL	ABNOR MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)		(Check each item in appropriate column, enter "NE" if not evaluated.)	
		A. HEAD, FACE, NECK, AND SCALP		O. PROSTATE (Over 40 or clinically indicated)	
		B. EARS-GENERAL (Internal Canals)		P. TESTICULAR	
		C. DRUMS (Perforation) (TMs move with valsalva)		Q. ANUS AND RECTUM (Hemorrhoids, fistulae)	
		D. NOSE		R. ENDOCRINE SYSTEM	
		E. SINUSES		S. G-U SYSTEM	
		F. MOUTH AND THROAT (Including dentition)		T. UPPER EXTREMITIES (Strength, motor, sensory, ROM)	
		G. EYES-GENERAL (Visual acuity on next page)		U. FEET	
		H. OPHTHALMOSCOPIC		V. LOWER EXTREMITIES (Except feet) (Strength, motor, sensory, ROM)	
		I. PUPILS (Equality and reaction)		W. SPINE, OTHER MUSCULOSKELETAL	
		J. OCULAR MOTILITY (Associated parallel movements nystagmus)		X. SKIN, LYMPHATICS	
		K. LUNGS AND CHEST		Y. NEUROLOGIC	
		L. HEART (Thrust, size, rhythm, sounds)		Z. PSYCHIATRIC	
		M. VASCULAR SYSTEM (Varicosities, etc.)		AA. BREASTS	
		N. ABDOMEN AND VISCERA (Include hernia)		BB. PELVIC (Female only)	
NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Attach additional pages if necessary)					
CIRCUMFERENCE MEASUREMENTS (Required, in inches): Neck _____ Abdomen (Men) _____ Waist (Women) _____ Hips (Women) _____					
11. TEST RESULTS (Test results and interpretation MUST be attached.)					
A. URINALYSIS:		C. SPIROMETRY INTERPRETATION: (Initial exam only)		E. EKG INTERPRETATION: (Age 40 & older only)	
(1) URINE KETONES		D. CHEST X-RAY INTERPRETATION: (Initial exam only)		F. LIPID SCREENING - Total cholesterol, HDL, LDL, VLDL, triglycerides (Age 40 & older only - Attach results)	
(2) URINE PROTEIN				G. GLUCOSE SCREENING - (Age 40 & older only - Attach results)	
(3) URINE SUGAR					
B. HCT OR HGB VALUE:					
12. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item number)					
13. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)					
14. TYPED OR PRINTED NAME OF EXAMINER		15. SIGNATURE		16. DATE	
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